

Application Data Sheet

Application Information

Application type:: Regular  
Subject matter:: Utility  
CD-ROM or CD-R:: None  
Number of CD disks:: None  
Number of copies of CDs:: None  
Sequence submission?:: No  
Computer readable form (CRF)?:: No  
Number of copies of CRF:: None  
Title:: POWER SUPPLY DEVICE FOR  
PERIPHERAL DEVICE  
Attorney docket number:: CHI 143004/Em  
Request for early publication?:: No  
Request for non-publication?:: No  
Suggested drawing figure::  
Total drawing sheets:: 2  
Small entity?:: Yes

Applicant Information

Applicant authority type:: Inventor  
Primary citizenship country:: TAIWAN, R.O.C.  
Status: Full capacity  
Given name:: Li-Chun  
Middle name::  
Family name:: CHIH  
Name suffix:: None  
City of Residence:: Taoyuan Hsien  
State or province of residence:: n/a  
Country of residence:: TAIWAN, R.O.C.

Street of mailing address:: No. 10, Alley 3, Lane 2, Hsiangyun  
St., Longtan Shiang,  
City of mailing address:: Taoyuan Hsien,  
State or province of mailing address:: n/a  
Country of mailing address:: TAIWAN, R.O.C.  
Postal or zip code of mailing address:: n/a

#### Applicant Information

Applicant authority type:: Inventor  
Primary citizenship country:: TAIWAN, R.O.C.  
Status: Full capacity  
Given name:: Yu-Wen  
Middle name::  
Family name:: HSIAO  
Name suffix:: None  
City of Residence:: Taoyuan Hsien  
State or province of residence:: n/a  
Country of residence:: TAIWAN, R.O.C.  
Street of mailing address:: No. 10, Alley 3, Lane 2, Hsiangyun  
St., Longtan Shiang,  
City of mailing address:: Taoyuan Hsien,  
State or province of mailing address:: n/a  
Country of mailing address:: TAIWAN, R.O.C.  
Postal or zip code of mailing address:: n/a

#### Correspondence Information

Correspondence customer number:: 23364  
Phone number:: 703-683-0500

Fax number::

703-683-1080

E-mail address::

Mail@baconthomas.com

#### Representative Information

Representative customer number:: 23364

#### Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
No			

#### Foreign Priority Information

Country::	Application number::	Filing Date::	Priority claimed::

#### Assignee Information

Assignee name::

No

Street of mailing address::

City of mailing address::

State or province of mailing address::

Country of mailing address::

Postal or zip code of mailing  
address::